

MAR 19 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Howard,  
Township Chariton,  
City Shelley Knox Cropp. (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward)

Registration District No. 319  
Primary Registration District No. 4223

File No. 6083  
Registered No. \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>#</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>72</u> YEARS	MONTHS <u>I</u>	DAYS <u>&amp; 7</u> If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Missouri,  
(STATE OR COUNTRY)

13. NAME Alexander Cropp.

14. BIRTHPLACE (CITY OR TOWN) Virginia,  
(STATE OR COUNTRY)

15. MAIDEN NAME Florence Cropp.

16. BIRTHPLACE (CITY OR TOWN) Missouri.  
(STATE OR COUNTRY)

17. INFORMANT Ernest Cropp.  
(ADDRESS) Boonesboro

18. BURIAL, CREMATION, OR REMOVAL Boonesboro,  
PLACE DATE 2/26th 1937

19. UNDERTAKER Guy T. Halley.  
(ADDRESS) Payette,

20. FILED 2-28 1937 J. W. Gardner  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24th 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-9, 1936 to 11-22, 1936  
I last saw him alive on 11-22, 1936. Death is said to have occurred on the date stated above, at 2 m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
my peritonitis

Other contributory causes of importance:  
Chronic Nephritis

Name of operation Circum Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town-county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. W. Gardner, M. D.  
(Address) Boonesboro

